

REMARKS OF HONORABLE JOHN E. FOGARTY, U. S. REPRESENTATIVE OF  
THE SECOND CONGRESSIONAL DISTRICT OF RHODE ISLAND BEFORE THE  
SUBCOMMITTEE ON HEALTH & SAFETY OF THE COMMITTEE ON INTERSTATE  
AND FOREIGN COMMERCE IN SUPPORT OF HIS BILLS, H.R. 6906, TO  
PROVIDE FOR CONSTRUCTION OF MEDICAL, DENTAL, AND PUBLIC HEALTH  
EDUCATIONAL FACILITIES, AND H.R. 10255, TO PROVIDE FOR MEDICAL  
SCHOLARSHIPS, TUESDAY, JUNE 7, 1960

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It is indeed a pleasure and a privilege to appear before this distinguished committee. Let me say here and now, too, that no one is more aware than I of the fundamental role this committee plays in protecting and improving the health and safety of our Nation. Furthermore, as Chairman of your sister committee concerned with health, welfare and education appropriations, I appreciate to a profound degree the splendid record of the Health and Safety Committee in providing the kind of legislation which has aided immeasurably in making our country's health second to none in the world.

Under the guidance of your able Chairman, assisted by your sound judgment, I am sure that this Committee's achievements of today and tomorrow will shine ever more brightly.

I feel at home with you, for we are close partners in what I have felt during my two decades of Congressional service to be the finest of human endeavors: working to improve the health of the people.

As we are not strangers to each other, so also we are far from being strangers to the critical significance of these

hearings. Two vital parts of the whole great problem of health advancement are being considered. These two parts are of bedrock importance. They deal with the needs for adequate numbers of good medical students and adequate educational facilities in which they can be trained.

I propose to discuss some of the underlying facts about each of these two problems. I shall also discuss, intensively but not at length, two factors which are, to my mind, of key importance. These are the factors of timing and of implementation -- how to start solving these two problems.

If there are not enough medical schools, there will not be enough doctors to take care of the people who need them. If there are not enough good medical students to fill the medical schools of today and tomorrow, there will not be enough doctors. This is the issue we face.

Two years ago a group of eminent consultants, appointed by the Secretary of Health, Education, and Welfare, and headed by Dr. Stanhope Bayne-Jones, made this statement:

"Unless a large construction program designed to expand markedly the facilities of the Nation's system of medical and related schools is undertaken in the immediate future, the total medical research effort of the Nation will be impeded and the number of doctors per 100,000 population will begin to

decline in the near future."

That was two years ago. Over 700 days have passed. What has happened? Nothing in the way of real action. The warning of Dr. Bayne-Jones' group was half-heartedly recognized. I have repeatedly called attention to the glaring gap and introduced legislation to fill it with my bill of last May.

In October of last year another study report was issued which in effect supported the proposal I had made for health educational facilities funds. This was the report of the Surgeon General's consultant group on medical education, of which Mr. Frank Bane was chairman. The report, specifically recommending facilities construction, said this:

"The Federal Government over a period of the next 10 years should appropriate funds on a matching basis to meet construction needs for medical education, which include: expanding and improving existing schools, construction of new schools of basic medical sciences, construction of new 4-year medical schools, and construction of the necessary hospitals."

Again I urged that everyone strongly support such recommendations and that action programs be gotten under way. But we are still on dead center.

Now, another group of consultants has added more weight to the evidence of need. Just a few days ago my

esteemed colleague in health affairs, Senator Lister Hill, received the report of a committee of consultants on medical research. As you know, this committee was established by a Senate resolution of last June. Under the chairmanship of Mr. Boisfeuillet Jones, the committee, I understand, conducted an intensive and exhaustive study.

The words of its report concerning health educational facilities are illuminating. The report said:

"The compelling need for the renovation and expansion of the facilities of existing medical and dental schools and for the construction of new ones, as recommended in the Bane report, cannot be denied. It is apparent that neither the States nor private philanthropy can finance all of the medical and dental school construction required, and it is therefore imperative that the Federal Government take partial responsibility for the construction of the additional facilities which are absolutely essential for the training of physicians and dentists for the future."

The consultants' report recommended that the Federal Government take action on this urgent problem.

In addition to the reports I have mentioned, there have been many others in recent years, such as those by the American Association of Medical Colleges and the Committee on

Medical Education of the American Medical Association, which have demonstrated and reiterated the problem and needs.

Problem of Medical Student Manpower

Now let me turn briefly to the related problem of increasing the numbers of good medical students, our physicians of tomorrow.

Here, too, the same sort of evidence has piled up to emphasize the need for new measures to encourage more of our good young people into medical careers.

As I have said on other occasions, the facts that underlie this bill are hard, but not cold. We are in grave position for lack of legislation which will influence the number and help assure the quality of physicians for our growing population. We cannot afford to entrust the health and safety of the American people to fewer and fewer doctors -- in terms of their ratio to the population. We can afford even less to have the doctors of the future be of lesser competence.

Consider these four facts alone:

Some of our better medical schools are admitting students with a C average in their undergraduate work.

Ten years ago, 40 percent of the students accepted by medical schools had an A average in their undergraduate work.

Today, only 19 percent have an A average.

The number of applicants for medical schools has declined by about one-third since 1950.

The number of physicians graduated each year must be increased by 50 percent if the present minimal ratio of physicians to population is to be maintained as our population moves toward the 200 million mark.

These facts are stark and require no elaboration. Let us inquire into a question that comes to mind immediately. Why aren't our good young people going to medical schools these days? What forces tend to influence them against choosing to pursue careers in medicine?

There are very real, strong, and practical forces that do so. One such is the factor of time. The graduating high school student sees ahead of him, if he chooses medicine, some 10 to 12 years of education, which he must struggle without much assistance to get, before he can settle down to earn a living. But time is not the only or the overriding factor.

The factor of money is related to that of time and is of most serious significance. The cost of a medical education to the individual and his family can be overwhelming. The bright, conscientious youth not only does not want to see himself a burden on his family, he cannot endure to have himself be one

for so many years as it will take to become a physician.

Even after finishing medical school, there is a long period during which the low-income status continues -- through internship, residency training, and military service. No wonder, then, that the financial prospect is too frightening to face and the individual chooses another career where the cost of education is less, the encouragements and assistance higher, and the return on the investment more immediate.

The two bills which I have sponsored are not, of course, the total nor perfect answer. I have said this before, and I have urged others to come forward with their answers. Few have been forthcoming, and none has been vigorously urged and especially demanded.

I hold no great brief that my bills be passed without any reshaping. I am more interested in seeing action taken now to begin to meet the mounting problems and avert tomorrow's crises than I am in fighting to prevent the modification of any bill before us today. I must say, however, that each bill I have introduced provides a sound beginning, based on principles that assure the independence of individuals and institutions, the integrity of the States, and collaboration without control by the Federal Government.

To this I would only add that the Bane report, and very recently the Boisfeuillet Jones report to the Senate, both stress these same principles and recommend action, such as I have suggested, by the Federal Government to meet the needs for these two essential programs.

I do not believe that there is anything less than agreement upon the fundamental facts of the two needs which we are considering here. I think all of us are sure that we must have more doctors and that we cannot have them without more facilities in which to train them and without more means to encourage good young people to undertake health careers.

If this is so, then one of the chief areas in which you, just as I, seek grounds for today's decisions is the matter of timing -- of precisely when we have reached a point at which we must make a start. This is always true, of course, in consideration of any proposed legislation. Deciding when action is just and feasible is one part of the matter.

I suggest that we have arrived at that time in the deliberations upon the support of health educational facilities and scholarships. The reasons for immediate and favorable action are imperative.

Let me, if I may, bring to your attention a few thoughts I have stressed on other occasions.

This is the richest country in the world, but we tend



to act poor when the time comes to consider more adequate financing of the things that we should do as a community and as a Nation. What we really lack is not the economic capacity, but more often the will, the sense of purpose and the vision to move ahead instead of standing still.

The claim that the Nation cannot afford more medical research, more hospitals, more medical schools, or more school classrooms, is usually not the real reason people are against increased effort in these fields. The same is true of the claim that all of these programs would be better carried out if only they were returned to the States. This is nonsense. Return of the total responsibility for these functions to States would mean starving them to death. In point of fact, the States are doing their part financially. In 1959 the States collected between \$1.5 and \$2 billion additional tax revenue. These are legislated increases, and not just higher tax returns because economic conditions are good. States and localities are collecting about a third of all governmental taxes -- they collect about \$30 billion per year, and all Federal taxes amount to about \$70 billion per year. They are not shirking their tax responsibilities. They are pushing their ability to tax closer to the limit all the time.

No; the real reason for opposing sustained, modest increases in Federal health and welfare activities, for example, is that some people just do not think these things should be done by Government because they cost money, and they do not believe in having the Federal Government finance these activities simply because it has the tax resources to do a good job.

Yet, looking to the future, even conservative groups assume that we are going to get wealthier year by year -- not wealthier in terms of inflated dollars, but wealthier in terms of goods and services. The Rockefeller report on the U. S. economy pointed out that 'We may reasonably expect a continuation of a growth rate of 3 to 4 percent per year over the next decade and beyond. In fact, a growth rate of 5 percent is possible if we realize fully our impressive opportunities for economic expansion.'

Our real problem is not lack of economic capacity. It is lack of leadership and of a political philosophy that will capitalize boldly and affirmatively on the opportunities that are before us. It is not irresponsible to recommend strengthening good Federal programs.

The Matter of Implementation

We are making a fight for health, such as the world has never seen before, upon all those fronts. The Congresses of the present and recently past years, which have provided indispensable resources to make this fight possible, deserve everlasting credit for their part in American's world leadership in health.

Today, there are no fronts in the war on disease more needful of assistance than the two of health educational facilities and health students' aid. We may not have the perfect legislation before us with which to furnish the perfect means of mobilizing these two essential resources. We may not be able to evolve perfect legislation for the purpose, now or ever.

The proposals under consideration have had the benefit of thoughtful attention, over a sufficient period of time, by many of the best minds in our country, in government and out. The further ideas which come as a result of these hearings can help direct our course even better.

It is my utmost conviction that we can now provide Federal legislation which will ensure two things. The first of these will be soundness of purpose and of methods. The

second of these will be a vigorous implementation of action to attack two serious and increasing problems before they can gratefully influence and do harm to the health of the Nation.

We can provide the needed Federal legislation to assist in constructing new and modernizing existing health educational facilities. We can do the same to assist deserving and needy students by defraying part of the high cost of extended and specialized education which prepares them for lives of service to the people.

We can do both of these within existing policies bearing on the relationship of the Federal Government to nonfederal institutions and to individual citizens. We can do it without raising any of the ugly specters about Federal aid to medical education that are so often raised and used for the sole purpose of inaction.

Our responsibilities for Federal partnership in the advancement of the health of the people demand, it seems to me, that we move ahead by these two steps of health facilities and scholarships, along the road of progress in our effort to maintain and protect this Nation as the world's strongest and healthiest.